MAXIMUS Federal Services

Case Number:	CM14-0012742		
Date Assigned:	02/21/2014	Date of Injury:	10/26/2011
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41-year-old female who reported an injury on 10/26/2011. The mechanism of injury reportedly occurred when pressing the biscuit timer. The diagnoses included right thumb ulnar collateral ligament injury. Per the 11/26/2013 progress report, the injured worker reported constant pain to the right hand and fingers. The injured worker reported decreased range of motion and increased pain with repetitive movement. Objective findings included tenderness to palpation to the snuffbox and thenar eminence. The injured worker was noted to be wearing a wrist splint. The injured worker's medication regimen included ibuprofen. The injured worker was awaiting scheduling of right thumb surgery. The request for authorization form for postoperative occupational therapy was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

POST - OPERATIVE OCCUPATIONAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTOPERATIVE GUIDELINES, ARTHROPLASTY/FUSION, WRIST/FINGER,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

Decision rationale: The request for postoperative occupational therapy is non-certified. The California Postsurgical Guidelines state if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. The initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery. The guidelines state postsurgical treatment of arthroplasty/fusion of the finger includes 24 visits over 8 weeks with a postsurgical physical medicine treatment period of 4 months. There is a lack of documentation regarding the injured worker's surgery to verify surgery took place. The date of surgery was not provided; therefore, it cannot be determined if the request is within the postsurgical treatment period of 4 months. In addition, the submitted request does not specify the site of treatment or quantity or frequency of visits. As such, the request is non-certified.